

INSURE STAPLE AREA (for additional cross references)

POSITION

INITIALS

ID NO.

DATE

09 675,264

FEES DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

SK

1037

12-12-74

INDEX OF CLAIMS

Rejected	N	Non elected
Allowed	I	Interference
Cancelled	A	Appeal
Restricted	O	Objected

Claim

Date

Claim

Date

Claim

Date

Number

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

LEFT INSIDE